

## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

## TRANSCRIPT DESIGNATION AND ORDERING FORM

*Please read instructions.*

1. NAME <b>David C. Dinielli</b>			2. PHONE NUMBER <b>334-956-8200</b>		3. DATE <b>04-19-2018</b>		
4. MAILING ADDRESS <b>400 Washington Avenue</b>			5. E-MAIL ADDRESS <b>david.dinielli@splcenter.org</b>		6. CITY <b>Montgomery</b>	7. STATE <b>AL</b>	
8. ZIP CODE <b>36104</b>		9. JUDGE <b>Hon. Jeremiah C. Lynch</b>		10. CASE NAME <b>Gersh v. Anglin</b>			
11. U.S. DISTRICT COURT CASE NUMBER <b>9:17-cv-50-DCL-JCL</b>			12. COURT OF APPEALS CASE NUMBER <b>N/A</b>				
13. ORDER FOR							
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify							
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.							
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)	
Change of Plea				Closing Argument - Plaintiff			
Pre-trial Proceeding		<b>04-03-2018</b>	<b>Julie Lake</b>	Closing Argument - Defendant			
Voir Dire				Settlement Instructions			
Opening Statement - Plaintiff				Jury Instructions			
Opening Statement - Defendant				Sentencing			
Testimony - Specify Witness				Other - Specify			
15. ORDER							
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.			
				Paper		Electronic Specify File Format	
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$ .90/ page <input type="checkbox"/>	\$ .60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
14-Day	\$4.25/page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
7- Day	\$4.85/ page <input type="checkbox"/>	\$ .90/ page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
3- Day	\$5.45/ page <input checked="" type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$ .75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input checked="" type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT							
<b>E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.</b> If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing. Financial arrangements must be made with the court reporter before transcript is prepared.							
I certify that this form has been served on the court reporter this date: <u>4/19/2018</u> Attorney signature: <u>/s/ David C. Dinielli</u>							